



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH ADULT ESTABLISHMENT

This form is to be completed by individuals associated with an adult establishment for which a licensure application has been filed with the Commission on Adult Entertainment Establishments. Individuals who are required to complete this form include those associated with the establishment in the manner listed in Question 4 below.

1. Name of Establishment: _____

2. Establishment **Location** Address: _____

Street Address - No PO Box!

City State Zip

3. Type of Adult Establishment (check one):

- ☐ Retail
☐ Entertainment: ☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show) ☐ Other

4. Select Your Association with the Establishment Named (check all that apply):

- ☐ Sole Proprietor ☐ Partner/Owner ☐ Member of Unincorporated Association/Owner
☐ Corporate Director ☐ Corporate Officer ☐ Principal Stockholder
☐ Manager ☐ Employee
☐ Individual Responsible for Procuring Sexually Oriented Material (does not apply to Retail Establishments)
☐ Independent Contractor (does not apply to Retail Establishments)

5. Full Name: _____
Last First Middle

6. Other Names Used: _____
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

7. Date of Birth (month/day/year): _____

8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
• If yes, enter SSN: _____ **Attach copy of SSN card.**
• If no, you must file a *Request for Exemption from Social Security Number Requirement.*

9. Driver's License Number: _____ State: _____
Attach copy of license.

AFFIX RECENT 2" X 2"
COLOR PHOTO

10. **Residence** Address: _____
Street Address - No PO Box!

City State Zip

11. Place of Employment: _____

12. **Employment** Address: _____

City

State

Zip

13. Employer Phone: _____

14. If you are an independent contractor, what is your job at the establishment named above? _____

_____ Delaware Division of Revenue License Number: _____

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐

A criminal history record is required. See *Instructions for Requesting a Criminal Background Check*.

16. Have you been the subject of any administrative penalties regarding your involvement with adult entertainment or retail establishments, such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes ☐ No ☐ **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**

17. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the adult entertainment establishment named above, in the capacity indicated, and certify that the facts stated herein are true.

Signature: _____ **Date:** _____

State of _____, County of _____

In said county on this _____ day of _____ 2_____,
_____ personally appeared before me, has been duly sworn,
deposes, and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____